ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to clarify eligible groups for meningococcal vaccination, update primary vaccination recommendations for high risk children, update recommendations regarding vaccination of adolescents and revaccination, and clarify use of conjugate versus polysaccharide meningococcal vaccines.

VFC resolution 06/09-2 is repealed and replaced by the following:

Eligible groups

- Children aged 2 through 10 years who are at increased risk for meningococcal disease, including
 - o children who have complement deficiencies (e.g., C5-C9, properidin, factor H, or factor D);
 - o children who have anatomic or functional asplenia;
 - o children with HIV infection;
 - travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic;
 - o children who are who are part of an outbreak of a vaccine-preventable serogroup.
- All children aged 11 through 18 years

Recommended Vaccination Schedule and Intervals for MenACWY Vaccine (1) (2)

Age	Subgroup	Primary Vaccination	Booster Dose
2 through 18 years of age, with high risk conditions (3)	Children with complement deficiencies; functional or anatomic asplenia; or those with HIV infection	Two doses of MenACWY vaccine, two months apart	If remain at increased risk for meningococcal disease, should receive an additional dose of MenACWY 5 years after primary vaccination. Boosters should be repeated every five years thereafter.
	All others in this age group recommended for vaccination	Single dose of MenACWY vaccine	If first dose received at ages 2 through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MenACWY vaccine 3 years after primary vaccination. Boosters should be repeated every five years thereafter. If first dose received at age 7 or older and remain at increased risk for meningococcal disease, should receive an additional dose of MenACWY 5 years after primary vaccination. Boosters should be repeated every five years thereafter.
All other children 11-18 years of age		Routine vaccination with MenACWY vaccine at ages 11 through 12 years	If vaccinated at age 11 through 12 years, should receive a one-time booster dose at age 16 years If vaccinated at age 13 through 16 years, should receive a one-time booster dose at age 16 through 18 years

- (1) At the time of this resolution, there are currently two licensed MenACWY products. One product, Menactra ® manufactured by sanofi pasteur, is licensed for use in persons aged 2 through 55 years of age; the second product, Menveo ® manufactured by Novartis Vaccines and Diagnostics, Inc., is licensed for use in persons aged 2 through 55 years of age.
- (2) MenACWY is preferred for primary vaccination and booster doses, but MPSV4 is an acceptable substitute for persons with precautions or contraindications to MenACWY vaccine.
- (3) Includes children who have complement deficiencies (e.g., C5-C9, properidin, factor H, or factor), anatomic or functional asplenia, and children with HIV infection; travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic; and children who are who are part of a community outbreak of a vaccine-preventable serogroup.

Recommended dosage

Refer to product package inserts.

Contraindications and Precautions

Contraindications and Precautions can be found in the package inserts available at http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833

[If an ACIP recommendation or notice regarding meningococcal vaccination is published within 12 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: October 27, 2010